

Regular Employee New Hire Guide



Welcome to King County!

As a regular county employee, you and your eligible family members enjoy a comprehensive package of health and insurance benefits. This guide describes those benefits, explains your election options and includes the forms you need to enroll you and your family.

Please review the information in this guide and, if you need more details, refer to “Your King County Benefits,” the collection of plan booklets available at New Employee Orientation and 24/7 at www.metrokc.gov/finance/benefits, or contact the resources listed in the Resource Directory.

Return your enrollment forms *within 30 days of your hire date* to:

King County Benefits and Retirement Operations
Exchange Building EXC-ES-0300
821 Second Avenue
Seattle WA 98104-1598

If you don't return your enrollment forms *within 30 days of your hire date*, your eligible family members may not be covered and default coverage may be assigned to you (see the third “key point” on page 3).

This guide isn't a complete description of each benefit plan. If you have questions about specific plan details, please refer to “Your King County Benefits” or contact the resources listed in the Resource Directory. We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between the benefit descriptions and the insurance contracts or other legal documents, the legal documents will always govern. King County intends to continue benefit plans indefinitely, but reserves the right to amend or terminate them at any time in whole or in part, for any reason, according to the amendment and termination procedures described in the legal documents. King County, as plan administrator, has the sole discretionary authority to determine eligibility for benefits and to construe the terms of the plans. This information doesn't create a contract of employment between King County and any employee.

Call 206-684-1556 for alternate formats.

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Eight Key Points

1. King County pays for medical, dental and vision coverage for you and the eligible family members you enroll, plus basic life, accidental death and dismemberment (AD&D), and long term disability (LTD) insurance for you. When you first enroll you have a choice of medical plans and may purchase additional enhanced life and enhanced AD&D for yourself and family members, plus enhanced LTD for yourself.
2. If you don't elect enhanced life now, you must wait until certain qualifying events occur to add it later. If you don't elect enhanced AD&D now, you must wait until the next open enrollment to add it. If you don't elect enhanced LTD now, you lose the opportunity to add it later. For details, see the Important Facts booklet in "Your King County Benefits."
3. If you don't return your enrollment forms to Benefits and Retirement Operations *within 30 days of your hire date*, your eligible family members may not be covered and you may be assigned this default coverage:
 - KingCare Basic Medical
 - Dental
 - Vision
 - Basic life insurance
 - Basic AD&D insurance
 - Basic LTD insurance
4. Unless modified by your collective bargaining agreement, your benefit coverage begins the first calendar day of the month following your hire date (the first day you report to work). However, if your hire date is the first calendar day of the month, your coverage begins the same day.
5. It takes several weeks to process your enrollment and issue your medical card (no cards are issued for dental or vision). If you don't receive your medical card within 30 days, contact your medical plan. If you have difficulty getting services, contact Benefits and Retirement Operations.
6. Open enrollment every October lets you change coverage effective the following January. You may:
 - Change medical plans
 - Add or increase enhanced AD&D for yourself and family members.
 - Add eligible family members not previously covered.
7. You may make certain changes to your benefit coverage between open enrollments. Generally, you must notify Benefits and Retirement Operations within 30 days of the event prompting the change; change forms are available at www.metrokc.gov/finance/benefits and provide more details. Between open enrollments you may:
 - Drop family members from coverage
 - Drop or reduce self-paid coverage (enhanced life, enhanced AD&D or enhanced LTD)
 - Add eligible family members for coverage if you have a qualifying event such as a:
 - Birth or placement for adoption of a child
 - Placement of a legal ward
 - Qualified Medical Child Support Order
 - Marriage or establishment of a domestic partnership
 - Significant change in your spouse's/domestic partner's employer-sponsored coverage
 - Opt back in for medical coverage if you lose other coverage (see explanation on the next page)
 - Request continuation of coverage for a child past age 23 if the child is currently enrolled under your plans, incapacitated due to developmental or physical disability and chiefly dependent on you for support.
8. Questions? Please refer to "Your King County Benefits," the collection of plan booklets available at www.metrokc.gov/finance/benefits or from Benefits and Retirement Operations, or contact the resources listed in the Resource Directory.

Benefits That Need Your Decisions

You must submit your enrollment forms to Benefits and Retirement Operations *within 30 days of your hire date* to:

- Choose your medical plan
- Elect enhanced life and enhanced accidental death and dismemberment(AD&D) insurance for yourself and eligible family members
- Elect enhanced long term disability (LTD) for yourself
- Designate your beneficiaries for life, AD&D and LTD survivor benefit insurance
- Cover your eligible family members.

These "decision" benefits are summarized in the following sections. For more details, including exclusions, limitations or preauthorization requirements, refer to the plan booklets in "Your King County Benefits," the collection of plan booklets available at www.metrokc.gov/finance/benefits or from Benefits and Retirement Operations, or contact the resources listed in the Resource Directory.

► What medical plan is best for you?

You may choose from three plan options or you may opt out of medical coverage and receive an additional \$65 in monthly pay, taxed as ordinary income. The option you select is also the option your family members receive.

To opt out of medical coverage, you must have coverage through another employer's medical plan and submit a copy of the other medical plan card with your enrollment form. When you opt out of medical it doesn't affect other health coverage; you and your covered family members continue to receive county-paid dental and vision benefits. You may opt back in if you lose your other medical coverage by submitting an Opt Back In form to Benefits and Retirement Operations within 30 days of losing coverage.

The following table summarizes the features and covered expenses of the three plan options. As you compare the KingCare Basic and Preferred plans, please note that the only advantage to Basic is lower premiums for employees who pay for medical coverage (employees in Part-Time Local 587 Plan 1 or 3, COBRA participants and retirees); regular employees, full-time Local 587 employees and employees in Part-Time Local 587 Plan 2 don't pay for medical coverage.

Also please note that two separate companies process claims for the KingCare plans. If you chose a KingCare plan, you receive a medical card from Aetna to use for all medical claims (physician visits, hospital, lab work, etc.) and a prescription card from AdvancePCS to use for all outpatient, retail pharmacy and mail order prescription drug claims.

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Provider choice	You may choose any qualified provider, but you receive higher coverage when you use network providers	You may choose any qualified provider, but you receive higher coverage when you use network providers	You choose a Group Health PCP who provides and coordinates most services through the Group Health network; you may also self-refer to Group Health staff specialists; no non-network coverage unless indicated
Annual deductible	\$500/person, \$1,500/family Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible	\$100/person, \$300/family Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible	None

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Copay/office visits	No copays, but you pay coinsurance (see next section)	No copays, but you pay coinsurance (see next section)	You pay \$20
After the deductible/copays, the plans pay most covered services at these levels ...	80% network medical claims (you pay 20% coinsurance) 60% non-network medical claims (you pay 40% coinsurance)	90% network medical claims (you pay 10% coinsurance) 70% non-network medical claims (you pay 30% coinsurance)	100% network Limited emergency/out-of-area non-network care
Until you reach your annual out-of-pocket maximum...	\$1,200/person, \$2,400/family network (plus deductible) \$2,000/person, \$4,000/family non-network (plus deductible)	\$800/person, \$1,600/family network (plus deductible) \$1,600/person, \$3,200/family non-network (plus deductible)	\$1,000/person, \$2,000/family network and limited emergency/out-of-area non-network
Then, most benefits are paid for the rest of the calendar year at ...	100% network	100% network	100% network
Lifetime maximum	\$2,000,000	\$2,000,000	No limit
Alternative care (including medically necessary acupuncture, massage therapy and naturopathy)	80% network 60% non-network Certain services must be prescribed by a physician; Aetna reviews medical necessity of all treatment after 20 visits	90% network 70% non-network Certain services must be prescribed by a physician; Aetna reviews medical necessity of all treatment after 20 visits	Self-referrals to a network provider are covered up to 5 visits/medical diagnosis/calendar year for acupuncture and up to 2 visits/medical diagnosis/calendar year for naturopathy; all other alternative care may require PCP referral All services are subject to the \$20 copay/visit
Ambulance services	80%	90%	80% for ground or air transport 100% for ground transfers when initiated by Group Health
Chemical dependency treatment	80% network 60% non-network \$11,841 maximum/24 consecutive months for combined network and non-network services when preauthorized (maximum subject to annual adjustment)	100% network 70% non-network \$11,841 maximum/24 consecutive months for combined network and non-network services when preauthorized (maximum subject to annual adjustment)	100% after \$200 copay/admission for inpatient care 100% after \$20 copay/visit for outpatient care \$11,841 maximum/24 consecutive months (maximum subject to annual adjustment)
Chiropractic care and manipulative therapy (like all services, must be medically necessary)	80% network 60% non-network Up to 33 visits/year for combined network and non-network services	90% network 70% non-network Up to 33 visits/year for combined network and non-network services	100% after \$20 copay/visit
Diabetes care training	80% network when prescribed by your physician 60% non-network when prescribed by your physician	90% network when prescribed by your physician 70% non-network when prescribed by your physician	100% after \$20 copay/visit
Diabetes supplies (insulin, needles, syringes, lancets, etc.)	Covered under prescription drugs	Covered under prescription drugs	Covered under prescription drugs

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Durable medical equipment, prosthetics and orthopedic appliances	80% when preauthorized	80% when preauthorized	80% if authorized in advance by a network provider as medically necessary
Emergency room care	80% after \$50 copay/visit (waived if admitted) for network or non-network emergency care 80% network, 60% non-network after \$50 copay/visit for non-emergency care	90% after \$50 copay/visit (waived if admitted) for network or non-network emergency care 90% network, 70% non-network after \$50 copay/visit for non-emergency care	100% after \$75 copay/visit to network facility (\$75 copay is waived but \$200 copay/admission for hospital care applies if admitted) 100% after \$125 copay/visit to non-network facility (\$125 copay applies in addition to \$200 copay/admission for hospital care if admitted) Non-emergency care not covered
Family planning	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit (infertility treatment not covered)
Hearing aids	100% up to \$500 in 36 months for combined network and non-network services	100% up to \$500 in 36 months for combined network and non-network services	100% up to \$300/ear in 36 months
Home health care	100% when preauthorized up to 130 visits/year for combined network and non-network services	100% when preauthorized up to 130 visits/year for combined network and non-network services	100%
Hospice care	100% when preauthorized 6-month lifetime maximum 120-hour maximum for respite care in any 3-month period	100% when preauthorized 6-month lifetime maximum 120-hour maximum for respite care in any 3-month period	100% when preauthorized Certain limits apply; call plan for details
Hospital care (not in an emergency room)	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% after \$200 copay/admission
Lab, x-ray and other diagnostic testing	80% network 60% non-network	90% network 70% non-network	100%
Maternity care	80% network 60% non-network	90% network 70% non-network	100% for delivery and related hospital care after \$200 copay/admission 100% after \$20 copay/visit for prenatal and postpartum care
Mental health care	80% network, 60% non-network for inpatient up to 30 days/year (combined network and non-network services) 50% up to 52 visits/year for outpatient (combined network and non-network services)	90% network, 70% non-network for inpatient up to 30 days/year (combined network and non-network services) 50% up to 52 visits/year for outpatient (combined network and non-network services)	80% up to 12 days/year for inpatient 100% after \$20 copay/individual, family or couple visit or \$10 copay/group session for outpatient Up to 20 outpatient visits/year

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Neurodevelopmental therapy for covered family members age 6 and under	80% network when preauthorized 60% non-network when preauthorized \$2000/year maximum for combined network and non-network services	90% network when preauthorized 70% non-network when preauthorized \$2000/year maximum for combined network and non-network services	100% for inpatient services after \$200 copay/admission up to 60 days/condition/year 100% after \$20 copay/visit for outpatient up to 60 visits/condition/year
Out-of-area coverage while traveling, for your children away at school, etc.	Same coverage as when home, through Aetna and AdvancePCS national provider networks	Same coverage as when home, through Aetna and AdvancePCS national provider networks	Reciprocal benefits available through Kaiser Permanente and affiliated HMOs; otherwise, only emergency services are covered out-of-area
Physician and other medical/surgical services	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit
Prescription drugs – up to 30-day supply through network pharmacies	100% after \$10 copay for generic 100% after \$15 copay for preferred brand (\$20 if generic available, but if unable to take it for medical reasons, the \$15 copay applies) 100% after \$25 copay for non-preferred brand (\$30 if generic available, but if unable to take it for medical reasons, the \$25 copay applies) (Prescriptions filled at non-network pharmacies reimbursed at the rate AdvancePCS pays to network pharmacies, less your copay)	100% after \$10 copay for generic 100% after \$15 copay for preferred brand (\$20 if generic available, but if unable to take it for medical reasons, the \$15 copay applies) 100% after \$25 copay for non-preferred brand (\$30 if generic available, but if unable to take it for medical reasons, the \$25 copay applies) (Prescriptions filled at non-network pharmacies reimbursed at the rate AdvancePCS pays to network pharmacies, less your copay)	100% after \$10 copay for generic 100% after \$20 copay for preferred brand 100% after \$30 copay for non-preferred brand (No reimbursement for prescriptions filled at non-network pharmacies)
Prescription drugs – up to 90-day supply through network mail order	100% after \$20 copay for generic 100% after \$30 copay for preferred brand (\$40 if generic available, but if unable to take it for medical reasons, the \$30 copay applies) 100% after \$50 copay for non-preferred brand (\$60 if generic available, but if unable to take them for medical reasons, the \$50 copay applies)	100% after \$20 copay for generic 100% after \$30 copay for preferred brand (\$40 if generic available, but if unable to take it for medical reasons, the \$30 copay applies) 100% after \$50 copay for non-preferred brand (\$60 if generic available, but if unable to take them for medical reasons, the \$50 copay applies)	100% after \$20 copay for generic 100% after \$40 copay for preferred brand 100% after \$60 copay for non-preferred brand
Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc. per plan schedule; immunizations for travel aren't covered)	100% network 60% non-network	100% network 70% non-network	100% after \$20 copay/visit

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Radiation therapy, chemotherapy and respiratory therapy	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit
Reconstructive services (including benefits for mastectomy-related services – reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy, including lymphedema; call plans for more information)	80% network 60% non-network	90% network 70% non-network	100% depending on services provided; copays may apply (including \$200 copay/admission if hospital care required)
Rehabilitative services Inpatient and outpatient	80% network 60% non-network Up to 60 days/year for inpatient; up to 60 visits/all therapies combined for outpatient	90% network 70% non-network Up to 60 days/year for inpatient; up to 60 visits/all therapies combined for outpatient	100% for inpatient services after \$200 copay/admission up to 60 days/condition/calendar year 100% after \$20 copay/visit for outpatient services Up to 60 visits/year/condition
Skilled nursing facility	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% up to 60 days/calendar year at a Group Health-approved nursing facility
Smoking cessation	80% network services 60% non-network services \$500 lifetime maximum for smoking cessation services and prescriptions combined (prescriptions covered under “Prescription drugs” benefit)	90% network services 70% non-network services \$500 lifetime maximum for smoking cessation services and prescriptions combined (prescriptions covered under “Prescription drugs” benefit)	100% for 1 Group Health network provider program/year 1 course of nicotine replacement/year (prescription benefit copay applies) when prescribed by Group Health network provider
Transplants (certain services only)	100% network when preauthorized 60% non-network when preauthorized Medical coverage must have been continuous for more than 12 months under a KingCare plan – whether preexisting or an emergency	100% network when preauthorized 70% non-network when preauthorized Medical coverage must have been continuous for more than 12 months under a KingCare plan – whether preexisting or an emergency	100% after applicable copays Medical coverage must have been continuous for more than 12 months under this plan – whether preexisting or an emergency
Urgent care (ear infections, high fevers, minor burns, etc.)	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit

► Do you want enhanced life insurance for yourself?

You automatically receive county-paid basic life insurance equal to 1 times your base annual salary (page 15), but may purchase additional enhanced life for yourself equal to 1, 2, 3 or 4 times your base annual salary (rounded to the next higher \$1,000). No evidence of insurability (EOI) is required. If you die, your beneficiaries receive the amount you elect in addition to your county-paid basic life insurance.

Your basic and enhanced life automatically increase as your salary increases. Basic life increases to a maximum of \$200,000; enhanced life to a maximum of \$400,000.

Life insurance is provided through Aetna and is portable. When you end employment with the county for reasons other than disability, you may continue to pay Aetna directly for the basic and enhanced coverage you had on your last day of employment up to \$500,000 until you reach age 99. The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

If you decline enhanced life for yourself now, or drop or reduce it later (you may drop or reduce it anytime), you may add or increase it again only when certain qualifying events occur – for example, you marry/establish a new domestic partnership or a new dependent child becomes eligible. To do so, you must submit a Life/AD&D Change form to Benefits and Retirement Operations within 30 days of the qualifying event (see the Important Facts booklet in “Your King County Benefits” for more details).

► **Do you want enhanced life insurance for your family?**

If you elect enhanced life insurance for yourself, you may purchase enhanced life for your eligible family members. You are the beneficiary if the family member dies. You may cover your:

- Spouse/domestic partner at 50% of your enhanced amount up to \$200,000
- Child(ren) at \$10,000 each for ages 6 months to 23 years and \$500 for ages 14 days to six months.

However, if you and your spouse/domestic partner both work for King County, you may not cover each other, and only one of you may cover your eligible children under this plan.

No EOI is required for family members except for spouse/domestic partner coverage exceeding \$100,000. When spouse/domestic partner coverage exceeds \$100,000 it is capped at that amount until EOI is approved. If EOI isn't approved, coverage remains at \$100,000.

If you terminate employment with the county and continue your own coverage under the portability option described in the previous section, you may continue to pay for a spouse/domestic partner (coverage up to \$25,000) until he/she is 65 and a child (coverage up to \$5,000) until he/she is 19 (23 if solely dependent on you for support).

If you decline enhanced life insurance for your eligible family members now, or drop them later (you may drop them anytime), you may add them again only when certain qualifying events occur – for example, you marry/establish a new domestic partnership or a new child becomes eligible. To do so, you must submit a Life/AD&D Change form to Benefits and Retirement Operations within 30 days of the qualifying event (see the Important Facts booklet in “Your King County Benefits” for more details).

► **Monthly cost of enhanced life insurance**

You must calculate your base annual salary before you can calculate your monthly cost for enhanced life insurance. To do so, multiply your hourly rate by the number of hours you work each week, then multiply the answer by 52. For example, if you earn \$20.10 per hour and work 40 hours per week, your base annual salary is $\$20.10 \times 40 \times 52 = \$41,808$.

When you've calculated your base annual salary, use it and the age-specific rates and worksheet on the following page to calculate your total monthly cost for enhanced life insurance. Cost for you and your spouse/domestic partner is based on your age; cost for children is \$.84 regardless of the number of children covered.

Your Age	Cost of Enhanced Life/\$1,000
Under 25	\$.047
25-29	\$.056
30-34	\$.075
35-39	\$.075
40-44	\$.094
45-49	\$.150
50-54	\$.225
55-59	\$.403
60-64	\$.618
65-69	\$ 1.063
70+	\$ 1.724

To calculate your total monthly cost for enhanced life ...

- Enter your base annual salary (BAS) here 1. \$ _____
- Enter your BAS "multiplier" (1, 2, 3 or 4) here 2. _____
- Multiply line 1 by line 2 and enter the answer here 3. \$ _____
- Round line 3 to the next higher \$1,000 and enter the amount here 4. \$ _____
- Drop the last 3 zeros from the amount on line 4 (divide by 1,000) and enter the new amount here 5. \$ _____
- Enter the cost of enhanced life/\$1,000 rate for your age here 6. \$ _____
- Multiply line 5 by line 6 and enter the cost of enhanced life for you here 7. \$ _____
- If you elect enhanced life for your spouse/DP enter .5 here; if not, enter 0 8. \$ _____
- Multiply line 7 by line 8 and enter the cost of enhanced life for your spouse/DP here 9. \$ _____
- If you elect enhanced life for children enter \$.84 here; if not, enter 0 10. \$ _____
- Add lines 7, 9 and 10 for your total monthly cost here ► \$ _____**

► Do you want enhanced AD&D insurance for yourself?

You automatically receive county-paid basic accidental death and dismemberment insurance (page 15), but may purchase additional enhanced AD&D insurance for yourself from \$50,000 to \$500,000 in \$50,000 increments. No EOI is required. If you die in a covered accident, your beneficiaries receive the amount you elect in addition to your county-paid basic AD&D benefit; for dismemberment, paralysis and other covered losses, you receive an amount determined by the type of loss (in addition to the amount paid under your county-paid basic AD&D benefit).

AD&D insurance is provided through CIGNA.

If you decline enhanced AD&D for yourself now, or drop or reduce it later (you may drop or reduce it anytime), you may add or increase it again only during open enrollment.

► Do you want enhanced AD&D insurance for your family?

If you elect enhanced AD&D insurance for yourself, you may purchase enhanced AD&D for your eligible family members. No EOI is required. You are the beneficiary if the family member dies, is dismembered or paralyzed, or suffers other specified losses in a covered accident. You may cover your:

- Spouse/domestic partner at 50% or 100% of your enhanced amount
- Child(ren) at 10% of your enhanced amount.

However, if you and your spouse/domestic partner both work for King County, you may not cover each other, and only one of you may cover your eligible children under this plan.

If you decline enhanced AD&D insurance for your eligible family members now, or drop them later (you may drop them anytime), you may add them again only during open enrollment or when certain qualifying events occur – for example, you marry/establish a new domestic partnership or a new child becomes eligible. To do so, you must submit a Life/AD&D Change form to Benefits and Retirement Operations within 30 days of the qualifying event (see the Important Facts booklet in "Your King County Benefits" for more details).

► **Monthly cost of enhanced AD&D insurance**

Add across each row for those you cover to determine your total monthly cost.

If you elect this enhanced amount ...	Cost for You	Cost to Cover Your Spouse/DP at 50% of Your Amount	Cost to Cover Your Spouse/DP at 100% of Your Amount	Cost to Cover All Your Children at 10% of Your Amount
\$ 50,000	\$ 1.00	\$.50	\$ 1.00	\$.30
\$ 100,000	\$ 2.00	\$ 1.00	\$ 2.00	\$.60
\$ 150,000	\$ 3.00	\$ 1.50	\$ 3.00	\$.90
\$ 200,000	\$ 4.00	\$ 2.00	\$ 4.00	\$ 1.20
\$ 250,000	\$ 5.00	\$ 2.50	\$ 5.00	\$ 1.50
\$ 300,000	\$ 6.00	\$ 3.00	\$ 6.00	\$ 1.80
\$ 350,000	\$ 7.00	\$ 3.50	\$ 7.00	\$ 2.10
\$ 400,000	\$ 8.00	\$ 4.00	\$ 8.00	\$ 2.40
\$ 450,000	\$ 9.00	\$ 4.50	\$ 9.00	\$ 2.70
\$ 500,000	\$ 10.00	\$ 5.00	\$ 10.00	\$ 3.00

► **Do you want enhanced long term disability insurance for yourself?**

If you become disabled, you automatically receive county-paid basic long term disability (LTD) insurance that combines with other sources of disability income to replace 60% of your predisability earnings (to a maximum benefit of \$6,000 a month) after a 180-day waiting period (page 16). You may elect enhanced LTD to increase the maximum benefit to \$7,200 a month and reduce the waiting period to 90 days.

If you decline enhanced LTD for yourself now or drop coverage later (you may drop coverage anytime), you may not add it again; your only opportunity to elect it is when you are first eligible.

► **Monthly cost of enhanced long term disability insurance**

The cost of enhanced LTD is variable, depending on your base annual salary. Annually, you pay \$.21 per \$100 of salary.

You must calculate your base annual salary before you can calculate your monthly cost for enhanced LTD. To do so, multiply your hourly rate by the number of hours you work each week, then multiply the answer by 52. When you've calculated your base annual salary, divide it by 100 and multiply the answer by \$.21. This is your annual cost for enhanced LTD. To figure your monthly cost, divide the annual cost by 12.

For example, if you earn \$20.10 per hour and work 40 hours per week, your base annual salary is $\$20.10 \times 40 \times 52 = \$41,808$. The annual cost of enhanced coverage is $(\$41,808 \div 100) \times \$0.21 = \$418.08 \times \$0.21 = \$87.80$. That's $\$87.80 \div 12 = \7.32 a month.

► **Who are your life, AD&D and LTD insurance beneficiaries?**

Whether you elect enhanced coverage or not, you receive county-paid basic life, AD&D and LTD insurance (LTD insurance includes a survivor benefit if you die while disabled; see the LTD booklet in "Your King County Benefits"). Therefore, you need to designate beneficiaries – the people you want to receive these benefits in the event of your death. To do so, complete the Beneficiary Designation form (page 20). If you submit one form, your beneficiaries receive all your life, AD&D and LTD benefits. If you want to designate different beneficiaries for

each benefit, copy and submit separate forms, and indicate on each form the benefit to which it applies (life, AD&D or LTD).

Provide complete information to help us find your beneficiaries if you die. You may list only the last four digits of beneficiaries' Social Security numbers if you choose, but complete Social Security numbers facilitate benefit payment.

The form allows you to designate primary and contingent beneficiaries. If your primary beneficiaries aren't alive at the time of your death, contingent beneficiaries receive your benefit. If you name multiple beneficiaries (primary or contingent), assign the share each beneficiary receives. Shares for all primary beneficiaries need to total 100% and shares for all contingent beneficiaries need to total 100%.

For example, you might name your spouse as primary and your two children as contingents. You'd assign your spouse 100% of your insurance benefit and could assign each child 50% of the benefit or one child 60% and the other 40% – whatever combination of shares totals 100%. If your spouse isn't alive to receive the benefit in the event of your death, your contingent children receive it according to the shares you assign. (If you're married and don't list your spouse as primary with at least 50% of your benefit, your spouse should sign the spouse waiver section of the form.)

Return original Beneficiary Designation forms to Benefits and Retirement Operations and keep copies for your records.

► **Who are the eligible family members you want to cover?**

List the family members you want to cover under your benefit plans on the Family Member Enrollment form (page 21). Parents and other relatives who aren't members of your immediate family aren't eligible for coverage, but the following family members are (if you enroll them):

- Your spouse/domestic partner (attach a copy of your marriage certificate or complete and return the Affidavit of Marriage/Domestic Partnership, page 22)
- Unmarried children of you or your spouse/domestic partner if they are under age 23 and chiefly dependent on you for support and maintenance (generally, that means you may claim them on your federal tax return); they may be your:
 - Natural children
 - Adopted children (or children legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption)
 - Stepchildren
 - Legally designated wards (legally placed foster children, children placed with you as legal guardian or children named in a Qualified Medical Child Support Order; attach appropriate documentation).

If you don't add eligible family members now, you must wait until the next open enrollment to add them except for certain qualifying events such as:

- Birth or placement for adoption of a child
- Placement of a legal ward
- Marriage/establishment of a domestic partnership
- Qualified Medical Child Support Order
- Significant change in your spouse/domestic partner's employer-sponsored coverage.

Generally, when a qualifying event occurs, you must submit Add New Family Member and Life/AD&D Change forms to Benefits and Retirement Operations within 30 days of the event (see the Important Facts booklet in "Your King County Benefits").

► **Tax implications for domestic partner health coverage**

There is no cost to cover family members, but when you cover a domestic partner (DP) and his/her children for health benefits (medical, dental, vision) the IRS taxes you on the value of the coverage. This value is added to the

salary shown on your paycheck (and W-2 at the end of the year), federal income and Social Security (FICA) taxes are withheld on the higher salary amount, then the value is subtracted from your salary.

If you want to add a domestic partner and his/her child(ren) for only enhanced life/AD&D insurance (and not health benefits), check the “Add this family member for enhanced life/AD&D only” box on your Family Member Enrollment form..

Taxable values for the different combinations of health plans are shown below.

Monthly Taxable Value of Health Plans	DP Only		DP's Children		DP + DP's Children	
	2003	2004	2003	2004	2003	2004
KingCare Basic + Dental + Vision	\$ 342.33	\$ 404.53	\$ 273.85	\$ 323.63	\$ 616.18	\$ 728.16
KingCare Preferred + Dental + Vision	\$ 396.22	\$ 468.16	\$ 316.96	\$ 374.54	\$ 713.18	\$ 842.70
Group Health + Dental + Vision	\$ 363.19	\$ 411.81	\$ 325.76	\$ 370.25	\$ 688.95	\$ 782.06
Dental + Vision Only (Opted Out of Medical)	\$ 67.02	\$ 68.66	\$ 53.61	\$ 54.93	\$ 120.63	\$ 123.59

► Do you want to participate in a Flexible Spending Account?

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA you don't pay federal or Social Security (FICA) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

- Health Care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your medical, dental and vision plans (for example, copays for office visits and the cost of orthodontia not fully paid by your dental plan).
- Dependent Care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

Please refer to the Flexible Spending Accounts booklet in “Your King County Benefits” for more details. If you decide to participate in the FSA program, get an FSA Enrollment form at www.metrokc.gov/finance/benefits/Everyone/FSA.htm or from Benefits and Retirement Operations and submit it *within 30 days of when your other benefits begin*. Otherwise, you must wait for a qualifying event or the next open enrollment.

Benefits That Need No Decisions

You and the eligible family members you enroll automatically receive dental and vision coverage, and you receive basic life, basic accidental death and dismemberment (AD&D) and basic long term disability (LTD) insurance for yourself. These “automatic” benefits need no decisions and aren’t listed on your enrollment forms.

For more details, refer to the plan booklets in “Your King County Benefits.”

► You automatically receive dental coverage

Dental coverage is provided by Washington Dental Service. You can use any dentist you wish (most dentists in Washington participate in the WDS plan), but the benefits are generally higher (your out-of-pocket expenses are less) and the dentist automatically files your claim if you see a WDS dentist.

WDS increases your payment levels through an incentive program as long as you see your dentist each year:

- For diagnostic and preventive services as well as basic services, the payment level starts at 70% and increases 10% in January of each year until you reach 100% (if you don’t see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%)
- For major restorative services the payment level increases from 70% to 80%, then to 85%.

If you’re a new hire, coverage begins at the 70% incentive level; levels “earned” under another group plan don’t apply to the county plan. However, incentive levels are adjusted based on previous participation in the county plan if you’re a:

- Recalled or reinstated employee
- Rehired employee who’s continued county coverage uninterrupted under COBRA between your previous county employment and rehire (if county coverage has been interrupted, new hire incentive levels apply).

Washington Dental Service	
Annual deductible (doesn’t apply to diagnostic and preventive services, orthodontic services or accidental injuries)	\$25/person, \$75/family
Annual maximum benefit (doesn’t apply to orthodontic or TMJ services)	\$2,000/person
Covered Expense	WDS Pays
Diagnostic and preventive services (exams, cleanings and x-rays)	70%-100% based on patient’s incentive level (deductible doesn’t apply)
Basic services (crowns, extractions, fillings, etc.)	70%-100% based on patient’s incentive level
Major services – restorative (crowns and onlays)	70%-85% based on patient’s incentive level
Major services – prosthodontics (dentures, fixed bridges and implants)	70% (incentive levels don’t apply)
Orthodontic services for adults and children	50% up to a \$2,500 lifetime maximum (deductible and incentive levels don’t apply; benefit doesn’t apply to the annual maximum benefit)
Night (occlusal) guards	50% (incentive levels don’t apply; your medical plan may provide additional coverage)
Temporomandibular joint (TMJ) disorders	50% up to a \$500 lifetime maximum for non-surgical treatment and appliances (incentive levels don’t apply and this benefit doesn’t apply to the annual maximum benefit; your medical plan may provide additional coverage)
Accidental injury	100% for covered expenses incurred within 180 days of accident (deductible doesn’t apply)

► You automatically receive vision coverage

Vision coverage is provided by Vision Service Plan. You can use any eye care provider you wish, but the benefits are generally higher (your out-of-pocket expenses are less) and the provider automatically files your claim if you see a VSP provider.

(Group Health provides routine vision exams under its medical plan, but none of the other vision benefits listed below; VSP providers may not accept a Group Health prescription for lenses.)

Vision Service Plan		
Covered Expenses	If you see a VSP provider you pay a \$10 copay and the plan pays ...	If you see a non-VSP provider you pay the bill in full and the plan reimburses you the following amounts, minus a maximum \$10 copay ...
Exams (once every 12 months)	100%	Up to \$40
Lenses (1 pair every 12 months)		
• Single vision	100%	Up to \$40
• Bifocal	100%	Up to \$60
• Trifocal	100%	Up to \$80
• Lenticular	100%	Up to \$125
• Progressive	100%	
• Tints	100%	Up to \$5 for upgrade to progressive, tints and coatings combined
• Coatings	100%	
Frames (once every 24 months)	Covered up to \$130; if you chose a frame that costs more than the VSP allowable amount, you'll receive 20% off your out-of-pocket costs	Up to \$45
Contacts (once every 12 months in place of eyeglass lenses and frames)		
• Elective	100% up to \$105	Up to \$105
• Medically necessary	100%	Up to \$210

► You automatically receive basic life insurance

The county pays for basic life insurance for you. If you die for any reason, your beneficiaries receive a lump sum equal to your base annual salary (rounded to the next highest \$1,000). The benefit increases as your salary increases, to a maximum of \$200,000.

► You automatically receive basic AD&D insurance

The county pays for basic accidental death and dismemberment insurance for you. If you die in a covered accident, your beneficiaries receive a lump sum equal to your base annual salary (rounded to the next highest \$1,000). The benefit increases as your salary increases, to a maximum of \$200,000. For dismemberment, paralysis and other covered losses, you receive an amount determined by the type of loss.

Your AD&D benefit includes some additional benefits, like emergency help while traveling from Worldwide Assistance; for details, see the CIGNA AD&D booklet in “Your King County Benefits.”

► You automatically receive basic LTD insurance

The county pays for basic long term disability for you. If you become disabled, are unable to work and apply for LTD, this benefit combines with other sources of disability income to replace 60% of your predisability earnings (to a maximum benefit of \$6,000 a month) after a 180-day waiting period.

If You Leave Employment

If you leave employment, you may self-pay to continue county-paid coverage; details are provided in “Your King County Benefits” and the Exit Guide available at www.metrokc.gov/finance/benefits/. Your self-pay rates for health coverage are based on what the county pays to provide the same coverage to you as an active employee. Here, for reference, are the self-pay rates for 2003 and 2004.

Health Plan	You	Spouse/ Domestic Partner	Dependent Child(ren)
KingCare Basic	2003 ► \$ 280.82	2003 ► \$ 280.82	2003 ► \$ 224.64
	2004 ► \$ 342.59	2004 ► \$ 342.59	2004 ► \$ 274.07
KingCare Preferred	2003 ► \$ 335.78	2003 ► \$ 335.78	2003 ► \$ 268.62
	2004 ► \$ 407.498	2004 ► \$ 407.49	2004 ► \$ 326.00
Group Health	2003 ► \$ 265.83	2003 ► \$ 302.09	2003 ► \$ 277.59
	2004 ► \$ 307.99	2004 ► \$ 350.01	2004 ► \$ 321.63
Washington Dental Service	2003 ► \$ 59.17	2003 ► \$ 59.17	2003 ► \$ 47.34
	2004 ► \$ 60.38	2004 ► \$ 60.38	2004 ► \$ 48.31
Vision Service Plan	2003 ► \$ 9.19	2003 ► \$ 9.19	2003 ► \$ 7.34
	2004 ► \$ 9.65	2004 ► \$ 9.65	2004 ► \$ 7.72

Resource Directory

If no TTY phone number is listed, please call 711 to access the TTY Relay Service.

For Questions About ...	Contact ...
AD&D Insurance <ul style="list-style-type: none"> Conversion when you leave employment Secure travel benefits For claims, contact Benefits and Retirement Operations 	CIGNA Phone 1-800-441-1832 (conversion) ▪ 1-800-336-2485 (TTY) Worldwide Assistance Services Inc. (secure travel benefits) Phone 1-888-226-4567/1832 (US/Canada) ▪ Call collect 202-331-7635 (all other locations) Fax 202-331-1528 E-mail cigna@worldwideassistance.com
Benefits – General <ul style="list-style-type: none"> Eligibility Open enrollment and making changes Flexible Spending Account enrollment Life, AD&D and LTD insurance plan details Alternate formats 	Benefits and Retirement Operations Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598 Phone 206-684-1556 ▪ 1-800-325-6165 x41556 (outside local calling area) Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/finance/benefits
Dental <ul style="list-style-type: none"> Providers Claims and appeals Other plan details 	Washington Dental Service (WDS) PO Box 75688, Seattle WA 98125-0688 Phone 206-522-2300 ▪ 1-800-554-1907 E-mail cservice@deltadentalwa.com Web www.DeltaDentalWA.com
Flexible Spending Accounts <ul style="list-style-type: none"> Account balances Reimbursement Other plan details 	Associated Administrators Inc. (AAI) PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340 ▪ 1-800-428-4833 (TTY) Fax 1-800-979-8987 E-mail flex@aai-tpa.com Web www.aai-pca.com
Life Insurance <ul style="list-style-type: none"> Conversion or portability option when you leave employment Evidence of Insurability (EOI) For claims, contact Benefits and Retirement Operations 	Aetna Phone 1-800-826-7448 (conversion/portability) ▪ 1-800-523-5065 (EOI)
LTD Insurance <ul style="list-style-type: none"> Conversion option when you leave employment Claims and appeals 	CIGNA Phone 1-800-441-1832 (conversion) ▪ 1-800-362-4462 (claims) 1-800-336-2485 (TTY) Web www.cigna.com/consumer/forms/disability/disability_claim.html
Medical – General <ul style="list-style-type: none"> Providers (doctors, hospitals, etc.) Claims and appeals Identification cards Preauthorization Other plan details (covered expenses, limitations, exclusions) 	KingCare – Aetna PO Box 14089, Lexington KY 40512-4089 Phone 1-800-654-3250 ▪ 1-800-654-7714 (preauthorization) E-mail kingcare@aetna.com Web www.kingcare.com Medical Claims – Aetna Inc., Attn: National Accounts CRT PO Box 14463, Lexington KY 40512 Fax 1-817-417-2026 Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 206-901-4636 ▪ 1-888-901-4636 ▪ 1-888-287-2680 (out-of-area authorization) E-mail info@ghc.org Web www.ghc.org

For Questions About ...	Contact ...
Medical – Prescriptions <ul style="list-style-type: none"> • Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand) • Pharmacies • Mail order service • Filing claims and appeals • Identification cards (KingCare members only; Group Health members use medical plan card for prescriptions) 	KingCare – AdvancePCS PO Box 853901, Richardson TX 75085-3901 Phone 1-800-552-8159 Web http://kingcounty.advancex.com (e-mail by selecting Contact Us) Rx Claims Appeals – AdvancePCS, Attn: Prescription Claim Appeals MC 109 PO Box 52084, Phoenix AZ 85072-2084 Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 1-800-245-7979 (mail order prescriptions) E-mail info@ghc.org Web www.ghc.org
Vision <ul style="list-style-type: none"> • Providers • Claims and appeals • Other plan details 	Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195 ■ 1-888-354-4434 (discounted laser surgery) 1-800-428-4838 (TTY) Web www.vsp.com (e-mail through the site)

Regular Employee Enrollment



Check one box for each benefit listed. Benefits that need no decisions – dental, vision, basic life/AD&D/LTD – aren't listed. Return **within 30 days of your hire date** to Benefits and Retirement Operations, Exchange Bldg. EXC-ES-0300, 821 Second Ave., Seattle 98104-1598.

Last name _____ First _____ MI _____ Gender ☐ M ☐ F
Soc Sec No _____ Birth date _____ Home phone (_____) _____
Mailing address _____ Apt No _____ City _____
State _____ ZIP _____ Home e-mail _____
Work unit _____ Work phone (_____) _____
Pay ID No _____ Work start date _____ Paid ☐ 5th and 20th ☐ Every other Thursday
King County employment ☐ Never worked for the county ☐ Worked for the county, ending employment (date) _____
Washington State Retirement System ☐ Never enrolled ☐ Previously enrolled and retired from (plan and date) _____
☐ Previously enrolled in (plan) _____

Medical

See page 4. You must attach proof of other medical coverage if you opt out!

☐ KingCare Basic ☐ KingCare Preferred ☐ Group Health ☐ Opt Out (no medical, but covered for dental and vision)

Enhanced life for you

See page 8. BAS = base annual salary.

☐ Decline ☐ 1 x BAS ☐ 2 x BAS ☐ 3 x BAS ☐ 4 x BAS

Enhanced life for family

See page 9. DP = domestic partner.

☐ Decline ☐ Spouse/DP only at 50% of your enhanced amount
☐ Children only at \$10,000 each ☐ Spouse/DP at 50% of your amount + children at \$10,000 each

Enhanced AD&D for you

See page 10.

☐ Decline ☐ \$100,000 ☐ \$200,000 ☐ \$300,000 ☐ \$400,000 ☐ \$500,000
☐ \$50,000 ☐ \$150,000 ☐ \$250,000 ☐ \$350,000 ☐ \$450,000

Enhanced AD&D for family

See page 10. DP = domestic partner.

☐ Decline ☐ Child(ren) only at 10% of your enhanced amount
☐ Spouse/DP only at 50% of your enhanced amount ☐ Spouse/DP at 50% + children at 10% of your enhanced amount
☐ Spouse/DP only at 100% of your enhanced amount ☐ Spouse/DP at 100% + children at 10% of your enhanced amount

Enhanced LTD for you

See page 11.

☐ Decline ☐ Accept (increases monthly benefit maximum and reduces waiting period)

Authorize your benefit elections

This form supersedes all previously submitted forms. I've read and understand it and the additional materials describing my benefits. The information I've provided is true, correct and complete. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____ Date signed _____

Office Use Only	Received	Reviewed	Data Entered	Audited	Effective
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Beneficiary Designation



- Use this form and additional copies as needed to designate or update beneficiaries for your county insurance death benefits, as described on page 11. Provide complete information. You may list only the last 4 digits of Social Security numbers, but complete numbers facilitate benefit payment.
- If you submit one form, your beneficiaries receive all county life, AD&D and LTD survivor insurance benefits for which you are eligible. If you want to designate different beneficiaries for each benefit, submit separate forms and identify each form with the benefit to which it applies (life, AD&D or LTD).
- Mail the signed original of this form to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598 and keep a copy for your records.

List beneficiaries with complete information to facilitate benefit payment

	Name	Relationship	Birth Date	Soc Sec No	Primary	Contingent	%
1	_____	_____	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
	Address _____		Phone _____				
2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Address _____		Phone _____				
3	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Address _____		Phone _____				
4	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Address _____		Phone _____				
5	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Address _____		Phone _____				
6	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Address _____		Phone _____				
7	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Address _____		Phone _____				
8	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Address _____		Phone _____				

Have your spouse sign this section if he/she isn't designated primary with at least 50%

I'm the employee's spouse and have reviewed the above beneficiary designation; I understand by signing below I hereby consent to the beneficiaries as designated and waive any rights I may have under applicable community property laws to a greater share of the survivor benefits.

Spouse signature _____ Date signed _____
 Printed name _____

Authorize your designations

By signing and dating this form, I designate the above as my beneficiaries. I understand that if a minor (person not of legal age) or my estate is the beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefits can be paid. This may mean legal expenses for my beneficiaries and a possible delay in payment to them.

Employee signature _____ Date signed _____
 Printed name _____ Contact phone (_____) _____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft ID or Soc Sec No _____

Family Member Enrollment



List eligible family members (as described on page 12) you want to cover and provide all information for each family member. Please print. Copy and attach additional forms if needed. If you're covering a spouse/domestic partner, complete the Affidavit of Marriage/Domestic Partnership (page 22). If you want a domestic partner (DP) or DP's children covered only for enhanced life/AD&D and no health coverage (the value of DP health coverage is taxed, see page 12), check the "Add this family member for life/AD&D only" box; otherwise, leave it unchecked.

☐ Check this box if your spouse/domestic partner is also a King County employee.

1	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
	<input type="checkbox"/> Add this family member for life/AD&D only (no health coverage)	
2	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
	<input type="checkbox"/> Add this family member for life/AD&D only (no health coverage)	
3	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
	<input type="checkbox"/> Add this family member for life/AD&D only (no health coverage)	
4	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
	<input type="checkbox"/> Add this family member for life/AD&D only (no health coverage)	
5	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
	<input type="checkbox"/> Add this family member for life/AD&D only (no health coverage)	
6	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
	<input type="checkbox"/> Add this family member for life/AD&D only (no health coverage)	
7	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
	<input type="checkbox"/> Add this family member for life/AD&D only (no health coverage)	

Authorize your family member enrollment

I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____ Date signed _____
Printed name _____ Contact phone (_____) _____
Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft ID or Soc Sec No _____

Affidavit of Marriage/ Domestic Partnership



Check all boxes that apply

- ☐ Add my spouse/domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage/domestic partnership, but don't add my spouse/domestic partner for coverage at this time.
- ☐ My spouse/DP is also a King County employee.

Check one box and provide the date

- ☐ I (employee) certify my spouse (named below) and I legally married (date) _____.
- ☐ I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) _____ and we:

- Share the same regular and permanent residence
- Have a close personal relationship
- Are jointly responsible for *basic living expenses**
- Aren't married to anyone
- Are both 18 years of age or older
- Aren't related by blood closer than would bar marriage in the State of Washington
- Were mentally competent to consent to contract when our domestic partnership began, and
- Are each other's sole domestic partners and are responsible for each other's common welfare.

* "Basic living expenses" means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.

Confirm you understand this affidavit and have provided accurate information

I (employee) understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify Benefits and Retirement Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Delete Family Member form. I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We (employee and spouse/domestic partner) understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____) _____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft ID or Soc Sec No _____

Spouse/DP signature _____ Date signed _____

Printed name _____